




Issue Classification 	Application No.	Applicant(s)	
	09/988,807	ULLRICH ET AL.	
	Examiner	Art Unit	
	Erin-Michael Gill	2881	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
250	534R			607	88	90	91		
INTERNATIONAL CLASSIFICATION				250	493.1				
G	2	1	G	5/00					
				/					
				/					
				/					
				/					
Erin-Michael Gill (Assistant Examiner) (Date) 10/16/03				 JOHN R. LEE SUPERVISORY EXAMINER TECHNOLOGY CENTER 2000				Total Claims Allowed: 85	
(Legal Instruments Examiner) (Date)				(Primary Examiner) (Date) 10/16/03				O.G. Print Claim(s) 1	O.G. Print Fig. 1e

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.147	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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	2		32		62		2		122		75		152		182
	3		33		63		3		123		76		153		183
	4		34		64		4		124		77		154		184
	5		35		65		5		125		78		155		185
	6		36		66		6		126		79		156		186
	7		37		67		7		127		80		157		187
	8		38		68		8		128		81		158		188
	9		39		69		9		129		82		159		189
	10		40		70		10		130		83		160		190
	11		41		71		11		131		84		161		191
	12		42		72		12		132		85		162		192
	13		43		73		13		133		86		163		193
	14		44		74		14		134		87		164		194
	15		45		75		15		135		88		165		195
	16		46		76		16		136		89		166		196
	17		47		77		17		137		90		167		197
	18		48		78		18		138		91		168		198
	19		49		79		19		139		92		169		199
	20		50		80		20		140		93		170		200
	21		51		81		21		141		94		171		201
	22		52		82		22		142		95		172		202
	23		53		83		23		143		96		173		203
	24		54		84		24		144		97		174		204
	25		55		85		25		145		98		175		205
	26		56		86		26		146		99		176		206
	27		57		87		27		147		100		177		207
	28		58		88		28		148		101		178		208
	29		59		89		29		149		102		179		209
	30		60		90		30		150		103		180		210

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<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T D				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
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212		242		272		302		332		362		392			
213		243		273		303		333		363		393			
214		244		274		304		334		364		394			
215		245		275		305		335		365		395			
216		246		276		306		336		366		396			
217		247		277	39	307		337		367		397			
218		248		278	51	308		338		368		398			
219		249		279		309		339		369		399			
220		250		280		310		340		370		400			
221		251		281		311		341		371		401			
222		252		282		312		342		372		402			
223		253		283		313		343		373		403			
224		254		284		314		344		374		404			
225		255		285		315		345		375		405			
226		256		286		316		346		376		406			
227		257		287		317		347		377		407			
228		258		288		318		348		378		408			
229		259		289		319		349		379		409			
230		260		290		320		350		380		410			
231		261		291		321		351		381		411			
232		262		292		322		352		382		412			
233		263		293		323		353		383		413			
234		264		294		324		354		384		414			
235		265		295		325		355		385		415			
236		266		296		326		356		386		416			
237		267		297		327		357		387		417			
238		268		298		328		358		388		418			
239		269		299		329		359		389		419			
240		270		300		330		360		390		420			